

MULTIPLE DEPEN  
CLAI  
FEE CALCULATION SHEET  
(FOR USE WITH FO XTO-875)

CLAI

SERIAL NO

10/567812

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	1	↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS	1	↓		↓		↓	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS	1	↓		↓		↓	